

2021 Healthy Futures

Health Foundation, Inc.

Project Name*

Name of Project

Character Limit: 100

Amount Requested*

Amount Requested

Character Limit: 20

Funding Recommendation

Funding Recommendation

Choices

Funded in Part

Funded in Full

Tabled for Pending Information

Declined

Grant Number

Grant Number

Character Limit: 100

Your Proposal

Thank you for your interest in the "Healthy Futures" grant program. This program is open to 501(c)(3) organizations and governmental entities serving the health and well-being of the people of Wilkes County, North Carolina. Please complete the Letter of Inquiry, which allows us to determine whether your organization fits our guidelines and areas of interest.

If approved, you will be given access to the full grant application. You may submit a Letter of Inquiry at any time during the year. Full applications are reviewed on a quarterly basis in February, May, August, and November.

Does your program serve residents of Wilkes County, North Carolina?*

Choices

Yes

No

Does your program provide a service that improves the health or well-being of the target population?***Choices**

Yes

No

Does this project fund an individual?*

The Healthy Futures grant program does not fund individuals, regardless of their circumstances. Students entering Allied Health Care professions may make application to our Scholarship Program.

Choices

Yes

No

Does the project require membership in or advancement of a particular religious faith?*

Programs that require participation in a particular religious faith in order to receive services are ineligible.

Choices

Yes

No

Does your organization have a non-discrimination policy?*

Organizations that discriminate on the basis of race, color, religion, gender, national origin, citizenship status, age, disability, sexual orientation or veteran status may be ineligible for funding.

Choices

Yes

No

Is this a political organization or activity?*

The Health Foundation does not engage in politics.

Choices

Yes

No

Provide a concise description of your project.*

The full application will allow you a more in-depth opportunity to explain your project. Here you should provide a brief overview, emphasizing how it aligns with our areas of interest.

Character Limit: 1500

2021 Healthy Futures

Health Foundation, Inc.

Instructions and Criteria

You have been selected to make application to our "Healthy Futures" grant program. This program is open to 501(c)(3) organizations and governmental entities serving the health and well-being of the people of Wilkes County, North Carolina. You may submit an application at any time. At any stage we may request additional information to help evaluate your request. The size and scope of the request will determine the evaluation period. You and your organization may also be chosen for an interview or site visit if further information is required.

The Foundation considers the following types of programs for awards through this grant:

- Building projects
- Equipment purchases
- General program support
- Expansion of program services
- Training

Basic Information

Project Name*

Name of Project

Character Limit: 100

Amount Requested*

Amount Requested

Character Limit: 20

Geographic Area*

Geographic Area of Request

Choices

Wilkes County

Multiple counties including Wilkes

Outside of Wilkes County

Population served

If your organization is located outside of Wilkes County, list the number of Wilkes County residents your program serves out of your total number of participants. *For example, 20 participants out of 45 are Wilkes County residents.*

Character Limit: 100

Provide a concise description of your project.*

Here you should provide a brief overview, emphasizing how it aligns with our areas of interest. You will have an opportunity to explain your project in more depth later in the application.

Character Limit: 1500

Organizational Information

1. What is your mission?*

This should reflect the purpose(s) for which your organization exists.

Character Limit: 500

2. History of Organization*

Provide us with a brief summary of your organization's history.

Character Limit: 1500

3. Signature Programs and Services*

Please provide us with the names and a brief description of your signature programs. Tell us why this program or service is important, and whom it serves. Please avoid using abbreviations or acronyms. You need not list EVERY service you provide.

Example:

West Park Medical Park--We provide medical office space in a centrally located facility. This increases access to medical care to patients in our rural, under-served community. We also offer favorable, discounted rents to non-profits, allowing them to increase service to the community.

Character Limit: 3500

4. Recent Accomplishments*

Please tell us about some of your most recent and significant accomplishments.

Character Limit: 1500

5. What is the target population that you serve?*

Please describe the group or groups of people served by your agency as a whole. Be as specific as possible. For example, if you serve a specific race or tribe, a specific age group, a specific gender, or any sub-population of this community, tell us.

Character Limit: 1500

6. Who are your key partner agencies?*

Please list your partners and how you work together to achieve goals. Please do NOT use acronyms.

Character Limit: 1500

7. What are some of the most valuable "lessons learned" your organization has?*

Tell us about mistakes you've made or challenges you've faced, and what you did differently in response to those issues.

Character Limit: 3000

Project Information

8. Is this a new or existing program?*

Choices

Existing

New

Expansion of current project

9. Please provide us with a description of your project/program.*

Here you have approximately three pages to elaborate on your program. State its primary purpose and the need or problem you are seeking to address, the population that you plan to serve and how they will benefit, strategies you will employ, proposed staffing patterns for the project, and how the project contributes to your organization's overall mission.

Character Limit: 10000

10. Is there evidence that supports how your project will meet the need?*

If this is an innovative approach to meeting a need, please describe the logic model behind the development of your program. If this program is an evidence-based intervention, please cite research or analysis that supports your work. If you plan to modify an existing or evidence-based intervention, explain why and how you are seeking to do so.

Character Limit: 3000

11. Is there another agency providing a similar or identical service? If so, how does yours differ?*

Take this opportunity to explain to us why your program or approach is needed or how it is unique. For example, if you are planning to build a playground, we know there are already playgrounds in our community. However, is yours in an area that does not have a playground? Is it designed for a specific population not being served? If there are no other programs or services in this area like yours, say NOT APPLICABLE.

Character Limit: 1500

12. Timeframe*

Please indicate your estimated start and end dates for this project.

Example: 09/01/14-08/31/15.

Character Limit: 50

13. Measurements and Outcomes*

In today's complex environment, it is important that we look for ways to plan for success and learn from our efforts. In regards to your proposed program, please plan your measurements from the categories below and indicate your expected outcome for each.

1. How **much** you plan to do

Example: # of customers served; # of activities

2. How **well** you carried out the program

Example: % of actions done in a timely matter and correctly; percent of clients completing activity; percent of actions meeting standards; customer satisfaction (*Did we treat you well?*)

3. Is anyone **better off**?

Example: % change in one or more: Skills/Knowledge; Attitude/Opinion; Behavior; Circumstance

Character Limit: 10000

14. What is your budget for this project?*

Please upload a complete project budget. Separate capital or one-time expenses (such as purchase of computers) from operational expenses such as salaries and rent. Include a section on sources of income and indicate whether they are secured or pending. If pending, indicate the date you expect to secure the funding. Your projected income should include the amount of money you are requesting from The Health Foundation under "pending." You may include "gifts in kind" as income, but they should be offset by corresponding expenses. For example, if you

are receiving free rent that you value at \$1,000 per month, your yearly rental expense should be \$12,000.

File Size Limit: 2 MB

15. Sustainability*

What are your plans to sustain this project beyond this grant? Sometimes, sustainability means you need start-up dollars to begin a service line that will produce income in the future. Sometimes, sustainability means you will eliminate the need for the continuation of the program once it achieves its desired outcomes. Sometimes, sustainability means that you can prove the return on investment based on your success in order to attract additional funding. Briefly describe your business model, if applicable.

Character Limit: 1500

16. Describe your organization's greatest strength in terms of your capacity to achieve outcomes.*

Character Limit: 3500

17. Obstacles*

What obstacles do you foresee in achieving your goals, and how do you plan to overcome them?

Character Limit: 1500

18. Key Staff People*

Please provide one paragraph resumes for key staff, including qualifications relevant to this specific request.

Character Limit: 7500 | File Size Limit: 1 MB

Financial Documentation

19. Fiscal Year Begin Date*

Character Limit: 10

20. Year of most recently completed audit or financial review*

Indicate the type of audit completed, and for which fiscal year it was last completed. Indicate "Not Applicable" if your financial records are not independently reviewed.

Character Limit: 250

21. Year of most recently submitted 990*

Organizations that are 501(c)(3) must complete a 990 and submit to the Federal Government on a yearly basis if your income is above a certain threshold. If you are required to submit a 990, please tell us the fiscal year for which you most recently filed.

Character Limit: 10

22. Reason for not submitting the Form 990

If you are a governmental entity or believe that you are not required to submit a 990, please indicate your reason why.

Character Limit: 250

23. Tax Exemption Status*

Choices

501 (c)(3)

Governmental Entity

Other

24. If "Other" Please describe tax exemption status

Character Limit: 500

25. Prior Year Actuals and/or most recent audited or reviewed financial statement*

Please upload this information. Be sure to indicate the time frame the information covers.

Character Limit: 5000 | File Size Limit: 7 MB

26. Current Organizational Budget vs. Actuals*

Please upload this information. Be sure to indicate the time frame the information covers.

Character Limit: 5000 | File Size Limit: 10 MB

27. Balance Sheet*

Please upload this information. Be sure to indicate the time frame the information covers.

Character Limit: 5000 | File Size Limit: 2 MB

28. Has your organization been the victim of financial mismanagement or fraud in the last 24 months?*

If yes, please describe the nature of the mismanagement or fraud. Mismanagement includes, but is not limited to, being notified that you are out of compliance with grant reporting requirements. Fraud includes, but is not limited to, theft or misappropriation of funds.

Character Limit: 3000

Organizational Capacity

29. List current board members and their affiliations*

You may upload a file or provide a list here.

Example: Jane Doe, Board President, Retired teacher

Character Limit: 3000 | File Size Limit: 1 MB

30. How many board members are serving on the Board of Directors at the time of this application?*

Character Limit: 15

31. Describe your board and the role it plays in your organization.*

Character Limit: 3000

32. Describe your executive director and the role he/she plays in the organization.*

Character Limit: 1000

33. How many board members have contributed financially to the organization in the past 12 months?*

Character Limit: 15

34. How many board meetings have been held during the last 12 months?*

Character Limit: 15

35. How many of those board meetings have occurred with a quorum of members?*

Character Limit: 15

36. How many Full-Time Employees do you have on staff?*

Character Limit: 10

37. How many Part-Time Employees do you have on staff?*

Character Limit: 10

Stewardship

38. How will you recognize The Health Foundation's grant?*

Please describe how this grant will be recognized, in keeping with your organizational guidelines.

Character Limit: 1500